

**BEFORE THE  
MEDICAL BOARD OF CALIFORNIA  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA**

**In the Matter of the Accusation Against: )**

**WINSTON CHEUNG-PUI WONG, M.D. )**

**Physician's and Surgeon's )**

**Certificate No. A 45020 )**

**Respondent )**

**Case No. 800-2017-038244**

**DECISION**

**The attached Stipulated Settlement and Disciplinary Order is hereby adopted as the Decision and Order of the Medical Board of California, Department of Consumer Affairs, State of California.**

**This Decision shall become effective at 5:00 p.m. on October 18, 2019.**

**IT IS SO ORDERED: September 20, 2019.**

**MEDICAL BOARD OF CALIFORNIA**



**Kristina D. Lawson, J.D., Chair  
Panel B**

1 XAVIER BECERRA  
Attorney General of California  
2 MATTHEW M. DAVIS  
Supervising Deputy Attorney General  
3 JASON J. AHN  
Deputy Attorney General  
4 State Bar No. 253172  
600 West Broadway, Suite 1800  
5 San Diego, CA 92101  
P.O. Box 85266  
6 San Diego, CA 92186-5266  
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7 Facsimile: (619) 645-2061

8 *Attorneys for Complainant*

9  
10 **BEFORE THE**  
**MEDICAL BOARD OF CALIFORNIA**  
11 **DEPARTMENT OF CONSUMER AFFAIRS**  
**STATE OF CALIFORNIA**

12  
13 In the Matter of the Accusation Against:

14 **WINSTON CHEUNG-PUI WONG, M.D.**  
15 **7872 Walker St., Ste. 211**  
**La Palma, CA 90623-4703**

16 **Physician's and Surgeon's Certificate**  
17 **No. A 45020**

18 Respondent.

Case No. 8002017038244

OAH No. 2019010758

**STIPULATED SETTLEMENT AND**  
**DISCIPLINARY ORDER**

19  
20 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-  
21 entitled proceedings that the following matters are true:

22 **PARTIES**

23 1. Kimberly Kirchmeyer (Complainant) is the Executive Director of the Medical Board  
24 of California (Board). She brought this action solely in her official capacity and is represented in  
25 this matter by Xavier Becerra, Attorney General of the State of California, by Jason J. Ahn,  
26 Deputy Attorney General.

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1           2.     Respondent Winston Cheung-Pui Wong, M.D. (Respondent) is represented in this  
2 proceeding by attorney Raymond J. McMahon, Esq., whose address is: 5440 Trabuco Road  
3 Irvine, California 92620.

4           3.     On or about July 5, 1988, the Board issued Physician's and Surgeon's Certificate No.  
5 A 45020 to Winston Cheung-Pui Wong, M.D. (Respondent). The Physician's and Surgeon's  
6 Certificate was in full force and effect at all times relevant to the charges brought in Accusation  
7 No. 8002017038244, and will expire on September 30, 2019, unless renewed.

8                                   **JURISDICTION**

9           4.     On November 26, 2018, Accusation No. 8002017038244 was filed before the Board,  
10 and is currently pending against Respondent. The Accusation and all other statutorily required  
11 documents were properly served on Respondent on November 26, 2018. Respondent timely filed  
12 his Notice of Defense contesting the Accusation.

13           5.     A copy of Accusation No. 800-2017-038244 is attached as exhibit A and incorporated  
14 herein by reference.

15                                   **ADVISEMENT AND WAIVERS**

16           6.     Respondent has carefully read, fully discussed with counsel, and fully understands the  
17 charges and allegations in Accusation No. 8002017038244. Respondent has also carefully read,  
18 fully discussed with counsel, and fully understands the effects of this Stipulated Settlement and  
19 Disciplinary Order.

20           7.     Respondent is fully aware of his legal rights in this matter, including the right to a  
21 hearing on the charges and allegations in the Accusation; the right to confront and cross-examine  
22 the witnesses against him; the right to present evidence and to testify on his own behalf; the right  
23 to the issuance of subpoenas to compel the attendance of witnesses and the production of  
24 documents; the right to reconsideration and court review of an adverse decision; and all other  
25 rights accorded by the California Administrative Procedure Act and other applicable laws.

26           8.     Respondent voluntarily, knowingly, and intelligently waives and gives up each and  
27 every right set forth above.

28     ///

1 **CULPABILITY**

2 9. Respondent does not contest that, at an administrative hearing, Complainant could  
3 establish a *prima facie* case with respect to the charges and allegations contained in Accusation  
4 No. 800-2017-038244 and that he has thereby subjected his license to disciplinary action.

5 10. Respondent agrees that if he ever petitions for early termination or modification of  
6 probation, or if the Board ever petitions for revocation of probation, all of the charges and  
7 allegations contained in Accusation No. 800-2017-038244 shall be deemed true, correct and fully  
8 admitted by respondent for purposes of that proceeding or any other licensing proceeding  
9 involving respondent in the State of California.

10 11. Respondent agrees that his Physician's and Surgeon's Certificate is subject to  
11 discipline and he agrees to be bound by the Board's probationary terms as set forth in the  
12 Disciplinary Order below.

13 **CONTINGENCY**

14 12. This stipulation shall be subject to approval by the Medical Board of California.  
15 Respondent understands and agrees that counsel for Complainant and the staff of the Medical  
16 Board of California may communicate directly with the Board regarding this stipulation and  
17 settlement, without notice to or participation by Respondent or his counsel. By signing the  
18 stipulation, Respondent understands and agrees that he may not withdraw his agreement or seek  
19 to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails  
20 to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary  
21 Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal  
22 action between the parties, and the Board shall not be disqualified from further action by having  
23 considered this matter.

24 **ADDITIONAL PROVISIONS**

25 13. This Stipulated Settlement and Disciplinary Order is intended by the parties herein  
26 to be an integrated writing representing the complete, final, and exclusive embodiment of the  
27 agreements of the parties in the above-entitled matter.

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1 14. The parties agree that copies of this Stipulated Settlement and Disciplinary Order,  
2 including copies of the signatures of the parties, may be used in lieu of original documents and  
3 signatures and, further, that such copies shall have the same force and effect as originals.

4 15. In consideration of the foregoing admissions and stipulations, the parties agree the  
5 Board may, without further notice to or opportunity to be heard by Respondent, issue and enter  
6 the following Disciplinary Order:

7 **DISCIPLINARY ORDER**

8 IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 45020 issued  
9 to Respondent Winston Cheung-Pui Wong, M.D. is revoked. However, the revocation is stayed  
10 and Respondent is placed on probation for three (3) years on the following terms and conditions.

11 1. **CONTROLLED SUBSTANCES - MAINTAIN RECORDS AND ACCESS TO**  
12 **RECORDS AND INVENTORIES.** Respondent shall maintain a record of all controlled  
13 substances ordered, prescribed, dispensed, administered, or possessed by Respondent, and any  
14 recommendation or approval which enables a patient or patient's primary caregiver to possess or  
15 cultivate marijuana for the personal medical purposes of the patient within the meaning of Health  
16 and Safety Code section 11362.5, during probation, showing all of the following: 1) the name and  
17 address of the patient; 2) the date; 3) the character and quantity of controlled substances involved;  
18 and 4) the indications and diagnosis for which the controlled substances were furnished.

19 Respondent shall keep these records in a separate file or ledger, in chronological order. All  
20 records and any inventories of controlled substances shall be available for immediate inspection  
21 and copying on the premises by the Board or its designee at all times during business hours and  
22 shall be retained for the entire term of probation.

23 2. **EDUCATION COURSE.** Within 60 calendar days of the effective date of this  
24 Decision, and on an annual basis thereafter, Respondent shall submit to the Board or its designee  
25 for its prior approval educational program(s) or course(s) which shall not be less than 40 hours  
26 per year, for each year of probation. The educational program(s) or course(s) shall be aimed at  
27 correcting any areas of deficient practice or knowledge and shall be Category I certified. The  
28 educational program(s) or course(s) shall be at Respondent's expense and shall be in addition to

1 the Continuing Medical Education (CME) requirements for renewal of licensure. Following the  
2 completion of each course, the Board or its designee may administer an examination to test  
3 Respondent's knowledge of the course. Respondent shall provide proof of attendance for 65  
4 hours of CME of which 40 hours were in satisfaction of this condition.

5 3. PRESCRIBING PRACTICES COURSE. Within 60 calendar days of the effective  
6 date of this Decision, Respondent shall enroll in a course in prescribing practices approved in  
7 advance by the Board or its designee. Respondent shall provide the approved course provider  
8 with any information and documents that the approved course provider may deem pertinent.  
9 Respondent shall participate in and successfully complete the classroom component of the course  
10 not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully  
11 complete any other component of the course within one (1) year of enrollment. The prescribing  
12 practices course shall be at Respondent's expense and shall be in addition to the Continuing  
13 Medical Education (CME) requirements for renewal of licensure.

14 A prescribing practices course taken after the acts that gave rise to the charges in the  
15 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board  
16 or its designee, be accepted towards the fulfillment of this condition if the course would have  
17 been approved by the Board or its designee had the course been taken after the effective date of  
18 this Decision.

19 Respondent shall submit a certification of successful completion to the Board or its  
20 designee not later than 15 calendar days after successfully completing the course, or not later than  
21 15 calendar days after the effective date of the Decision, whichever is later.

22 4. MEDICAL RECORD KEEPING COURSE. Within 60 calendar days of the effective  
23 date of this Decision, Respondent shall enroll in a course in medical record keeping approved in  
24 advance by the Board or its designee. Respondent shall provide the approved course provider  
25 with any information and documents that the approved course provider may deem pertinent.  
26 Respondent shall participate in and successfully complete the classroom component of the course  
27 not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully  
28 complete any other component of the course within one (1) year of enrollment. The medical

1 record keeping course shall be at Respondent's expense and shall be in addition to the Continuing  
2 Medical Education (CME) requirements for renewal of licensure.

3 A medical record keeping course taken after the acts that gave rise to the charges in the  
4 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board  
5 or its designee, be accepted towards the fulfillment of this condition if the course would have  
6 been approved by the Board or its designee had the course been taken after the effective date of  
7 this Decision.

8 Respondent shall submit a certification of successful completion to the Board or its  
9 designee not later than 15 calendar days after successfully completing the course, or not later than  
10 15 calendar days after the effective date of the Decision, whichever is later.

11 5. CLINICAL COMPETENCE ASSESSMENT PROGRAM. Within 60 calendar days  
12 of the effective date of this Decision, Respondent shall enroll in a clinical competence assessment  
13 program approved in advance by the Board or its designee. Respondent shall successfully  
14 complete the program not later than six (6) months after Respondent's initial enrollment unless  
15 the Board or its designee agrees in writing to an extension of that time.

16 The program shall consist of a comprehensive assessment of Respondent's physical and  
17 mental health and the six general domains of clinical competence as defined by the Accreditation  
18 Council on Graduate Medical Education and American Board of Medical Specialties pertaining to  
19 Respondent's current or intended area of practice. The program shall take into account data  
20 obtained from the pre-assessment, self-report forms and interview, and the Decision(s),  
21 Accusation(s), and any other information that the Board or its designee deems relevant. The  
22 program shall require Respondent's on-site participation for a minimum of three (3) and no more  
23 than five (5) days as determined by the program for the assessment and clinical education  
24 evaluation. Respondent shall pay all expenses associated with the clinical competence  
25 assessment program.

26 At the end of the evaluation, the program will submit a report to the Board or its designee  
27 which unequivocally states whether the Respondent has demonstrated the ability to practice  
28 safely and independently. Based on Respondent's performance on the clinical competence

1 assessment, the program will advise the Board or its designee of its recommendation(s) for the  
2 scope and length of any additional educational or clinical training, evaluation or treatment for any  
3 medical condition or psychological condition, or anything else affecting Respondent's practice of  
4 medicine. Respondent shall comply with the program's recommendations.

5 Determination as to whether Respondent successfully completed the clinical competence  
6 assessment program is solely within the program's jurisdiction.

7 If Respondent fails to enroll, participate in, or successfully complete the clinical  
8 competence assessment program within the designated time period, Respondent shall receive a  
9 notification from the Board or its designee to cease the practice of medicine within three (3)  
10 calendar days after being so notified. The Respondent shall not resume the practice of medicine  
11 until enrollment or participation in the outstanding portions of the clinical competence assessment  
12 program have been completed. If the Respondent did not successfully complete the clinical  
13 competence assessment program, the Respondent shall not resume the practice of medicine until a  
14 final decision has been rendered on the accusation and/or a petition to revoke probation. The  
15 cessation of practice shall not apply to the reduction of the probationary time period.

16 6. SOLO PRACTICE PROHIBITION. Respondent is prohibited from engaging in the  
17 solo practice of medicine. Prohibited solo practice includes, but is not limited to, a practice  
18 where: 1) Respondent merely shares office space with another physician but is not affiliated for  
19 purposes of providing patient care, or 2) Respondent is the sole physician practitioner at that  
20 location.

21 If Respondent fails to establish a practice with another physician or secure employment in  
22 an appropriate practice setting within 60 calendar days of the effective date of this Decision,  
23 Respondent shall receive a notification from the Board or its designee to cease the practice of  
24 medicine within three (3) calendar days after being so notified. The Respondent shall not resume  
25 practice until an appropriate practice setting is established.

26 If, during the course of the probation, the Respondent's practice setting changes and the  
27 Respondent is no longer practicing in a setting in compliance with this Decision, the Respondent  
28 shall notify the Board or its designee within five (5) calendar days of the practice setting change.



1 If Respondent fails to establish a practice with another physician or secure employment in an  
2 appropriate practice setting within 60 calendar days of the practice setting change, Respondent  
3 shall receive a notification from the Board or its designee to cease the practice of medicine within  
4 three (3) calendar days after being so notified. The Respondent shall not resume practice until an  
5 appropriate practice setting is established.

6 7. NOTIFICATION. Within seven (7) days of the effective date of this Decision, the  
7 Respondent shall provide a true copy of this Decision and Accusation to the Chief of Staff or the  
8 Chief Executive Officer at every hospital where privileges or membership are extended to  
9 Respondent, at any other facility where Respondent engages in the practice of medicine,  
10 including all physician and locum tenens registries or other similar agencies, and to the Chief  
11 Executive Officer at every insurance carrier which extends malpractice insurance coverage to  
12 Respondent. Respondent shall submit proof of compliance to the Board or its designee within 15  
13 calendar days.

14 8. SUPERVISION OF PHYSICIAN ASSISTANTS AND ADVANCED PRACTICE  
15 NURSES. During probation, Respondent is prohibited from supervising physician assistants and  
16 advanced practice nurses.

17 9. OBEY ALL LAWS. Respondent shall obey all federal, state and local laws, all rules  
18 governing the practice of medicine in California and remain in full compliance with any court  
19 ordered criminal probation, payments, and other orders.

20 10. QUARTERLY DECLARATIONS. Respondent shall submit quarterly declarations  
21 under penalty of perjury on forms provided by the Board, stating whether there has been  
22 compliance with all the conditions of probation.

23 Respondent shall submit quarterly declarations not later than 10 calendar days after the end  
24 of the preceding quarter.

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1           11.   GENERAL PROBATION REQUIREMENTS.

2           Compliance with Probation Unit

3           Respondent shall comply with the Board's probation unit.

4           Address Changes

5           Respondent shall, at all times, keep the Board informed of Respondent's business and  
6           residence addresses, email address (if available), and telephone number. Changes of such  
7           addresses shall be immediately communicated in writing to the Board or its designee. Under no  
8           circumstances shall a post office box serve as an address of record, except as allowed by Business  
9           and Professions Code section 2021(b).

10          Place of Practice

11          Respondent shall not engage in the practice of medicine in Respondent's or patient's place  
12          of residence, unless the patient resides in a skilled nursing facility or other similar licensed  
13          facility.

14          License Renewal

15          Respondent shall maintain a current and renewed California physician's and surgeon's  
16          license.

17          Travel or Residence Outside California

18          Respondent shall immediately inform the Board or its designee, in writing, of travel to any  
19          areas outside the jurisdiction of California which lasts, or is contemplated to last, more than thirty  
20          (30) calendar days.

21          In the event Respondent should leave the State of California to reside or to practice  
22          , Respondent shall notify the Board or its designee in writing 30 calendar days prior to the dates of  
23          departure and return.

24          12.   INTERVIEW WITH THE BOARD OR ITS DESIGNEE. Respondent shall be  
25          available in person upon request for interviews either at Respondent's place of business or at the  
26          probation unit office, with or without prior notice throughout the term of probation.

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1           13. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or  
2 its designee in writing within 15 calendar days of any periods of non-practice lasting more than  
3 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is  
4 defined as any period of time Respondent is not practicing medicine as defined in Business and  
5 Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct  
6 patient care, clinical activity or teaching, or other activity as approved by the Board. If  
7 Respondent resides in California and is considered to be in non-practice, Respondent shall  
8 comply with all terms and conditions of probation. All time spent in an intensive training  
9 program which has been approved by the Board or its designee shall not be considered non-  
10 practice and does not relieve Respondent from complying with all the terms and conditions of  
11 probation. Practicing medicine in another state of the United States or Federal jurisdiction while  
12 on probation with the medical licensing authority of that state or jurisdiction shall not be  
13 considered non-practice. A Board-ordered suspension of practice shall not be considered as a  
14 period of non-practice.

15           In the event Respondent's period of non-practice while on probation exceeds 18 calendar  
16 months, Respondent shall successfully complete the Federation of State Medical Boards's Special  
17 Purpose Examination, or, at the Board's discretion, a clinical competence assessment program  
18 that meets the criteria of Condition 18 of the current version of the Board's "Manual of Model  
19 Disciplinary Orders and Disciplinary Guidelines" prior to resuming the practice of medicine.

20           Respondent's period of non-practice while on probation shall not exceed two (2) years.

21           Periods of non-practice will not apply to the reduction of the probationary term.

22           Periods of non-practice for a Respondent residing outside of California will relieve  
23 Respondent of the responsibility to comply with the probationary terms and conditions with the  
24 exception of this condition and the following terms and conditions of probation: Obey All Laws;  
25 General Probation Requirements; and Quarterly Declarations.

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1           14. COMPLETION OF PROBATION. Respondent shall comply with all financial  
2 obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the  
3 completion of probation. Upon successful completion of probation, Respondent's certificate shall  
4 be fully restored.

5           15. VIOLATION OF PROBATION. Failure to fully comply with any term or condition  
6 of probation is a violation of probation. If Respondent violates probation in any respect, the  
7 Board, after giving Respondent notice and the opportunity to be heard, may revoke probation and  
8 carry out the disciplinary order that was stayed. If an Accusation, or Petition to Revoke Probation,  
9 or an Interim Suspension Order is filed against Respondent during probation, the Board shall have  
10 continuing jurisdiction until the matter is final, and the period of probation shall be extended until  
11 the matter is final.

12           16. LICENSE SURRENDER. Following the effective date of this Decision, if  
13 Respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy  
14 the terms and conditions of probation, Respondent may request to surrender his or her license.  
15 The Board reserves the right to evaluate Respondent's request and to exercise its discretion in  
16 determining whether or not to grant the request, or to take any other action deemed appropriate  
17 and reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent  
18 shall within 15 calendar days deliver Respondent's wallet and wall certificate to the Board or its  
19 designee and Respondent shall no longer practice medicine. Respondent will no longer be subject  
20 to the terms and conditions of probation. If Respondent re-applies for a medical license, the  
21 application shall be treated as a petition for reinstatement of a revoked certificate.

22           17. PROBATION MONITORING COSTS. Respondent shall pay the costs associated  
23 with probation monitoring each and every year of probation, as designated by the Board, which  
24 may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of  
25 California and delivered to the Board or its designee no later than January 31 of each calendar  
26 year.

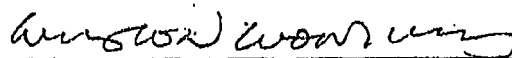
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28       ///

ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Raymond J. McMahon, Esq.. I fully understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and fully agree to be bound by the Decision and Order of the Medical Board of California.

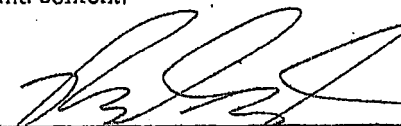
DATED:

8/1/2019

WINSTON CHEUNG-PUI WONG, M.D.  
Respondent

I have read and fully discussed with Respondent Winston Cheung-Pui Wong, M.D. the terms and conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order. I approve its form and content.

DATED:

August 1, 2019  
RAYMOND J. MCMAHON, ESQ.  
Attorney for Respondent

ENDORSEMENT

The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully submitted for consideration by the Medical Board of California.

DATED: August 2, 2019

Respectfully submitted,

XAVIER BECERRA  
Attorney General of California  
MATTHEW M. DAVIS  
Supervising Deputy Attorney General



JASON J. AHN  
Deputy Attorney General  
*Attorneys for Complainant*

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**Exhibit A**

**Accusation No. 800-2017-038244**

1 XAVIER BECERRA  
Attorney General of California  
2 MATTHEW M. DAVIS  
Supervising Deputy Attorney General  
3 JASON J. AHN  
Deputy Attorney General  
4 State Bar No. 253172  
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5 San Diego, CA 92101  
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6 San Diego, CA 92186-5266  
Telephone: (619) 738-9433  
7 Facsimile: (619) 645-2061

8 *Attorneys for Complainant*

FILED  
STATE OF CALIFORNIA  
MEDICAL BOARD OF CALIFORNIA  
SACRAMENTO *November 26 20 18*  
BY *K. Wong* ANALYST

9  
10 **BEFORE THE**  
11 **MEDICAL BOARD OF CALIFORNIA**  
12 **DEPARTMENT OF CONSUMER AFFAIRS**  
13 **STATE OF CALIFORNIA**

14 In the Matter of the Accusation Against:

Case No. 8002017038244

15 **Winston Cheung-Pui Wong, M.D.**

**A C C U S A T I O N**

16 **7872 WALKER ST., STE. 211**  
17 **LA PALMA, CA 90623-4703**

18 **Physician's and Surgeon's Certificate**  
19 **No. A 45020,**

20 Respondent.

21 Complainant alleges:

22 **PARTIES**

23 1. Kimberly Kirchmeyer (Complainant) brings this Accusation solely in her official  
24 capacity as the Executive Director of the Medical Board of California, Department of Consumer  
25 Affairs (Board).

26 2. On or about July 5, 1988, the Medical Board issued Physician's and Surgeon's  
27 Certificate Number A 45020 to Winston Cheung-Pui Wong, M.D. (Respondent). The Physician's  
28



1 and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought  
2 herein and will expire on September 30, 2019, unless renewed.

### 3 JURISDICTION

4 3. This Accusation is brought before the Board, under the authority of the following  
5 laws. All section references are to the Business and Professions Code unless otherwise indicated.

6 4. Section 2227 of the Code states:

7 "(a) A licensee whose matter has been heard by an administrative law judge  
8 of the Medical Quality Hearing Panel as designated in Section 11371 of the  
9 Government Code, or whose default has been entered, and who is found guilty,  
10 or who has entered into a stipulation for disciplinary action with the board, may, in  
11 accordance with the provisions of this chapter:

12 "(1) Have his or her license revoked upon order of the board.

13 "(2) Have his or her right to practice suspended for a period not to exceed  
14 one year upon order of the board.

15 "(3) Be placed on probation and be required to pay the costs of probation  
16 monitoring upon order of the board.

17 "(4) Be publicly reprimanded by the board. The public reprimand may  
18 include a requirement that the licensee complete relevant educational courses approved by  
19 the board.

20 "(5) Have any other action taken in relation to discipline as part of an order  
21 of probation, as the board or an administrative law judge may deem proper.

22 "(b) Any matter heard pursuant to subdivision (a), except for warning letters,  
23 medical review or advisory conferences, professional competency examinations,  
24 continuing education activities, and cost reimbursement associated therewith that  
25 are agreed to with the board and successfully completed by the licensee, or other  
26 matters made confidential or privileged by existing law, is deemed public, and shall be  
27 made available to the public by the board pursuant to Section 803.1."

28 ///

1           5.     Section 2234 of the Code, states:

2                 “The board shall take action against any licensee who is charged with unprofessional  
3     conduct. In addition to other provisions of this article, unprofessional conduct includes, but  
4     is not limited to, the following:

5                 “... ”

6                 “(b) Gross negligence.

7                 “(c) Repeated negligent acts. To be repeated, there must be two or more negligent  
8     acts or omissions. An initial negligent act or omission followed by a separate and distinct  
9     departure from the applicable standard of care shall constitute repeated negligent acts.

10                “(1) An initial negligent diagnosis followed by an act or omission medically  
11     appropriate for that negligent diagnosis of the patient shall constitute a single negligent act.

12                “(2) When the standard of care requires a change in the diagnosis, act, or omission  
13     that constitutes the negligent act described in paragraph (1), including, but not limited to, a  
14     reevaluation of the diagnosis or a change in treatment, and the licensee’s conduct departs  
15     from the applicable standard of care, each departure constitutes a separate and distinct  
16     breach of the standard of care.

17                “(d) Incompetence.

18                “... ”

19           6.     Section 2266 of the Code states:

20                “The failure of a physician and surgeon to maintain adequate and accurate records relating  
21     to the provision of services to their patients constitutes unprofessional conduct.”

22           7.     Unprofessional conduct under Business and Professions Code section 2234 is conduct  
23     which breaches the rules or ethical code of the medical profession, or conduct which is  
24     unbecoming a member in good standing of the medical profession, and which demonstrates an  
25     unfitness to practice medicine. (*Shea v. Board of Medical Examiners* (1978) 81 Cal.App.3d 564,  
26     575.)

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**FIRST CAUSE FOR DISCIPLINE**

**(Gross Negligence)**

8. Respondent has subjected his Physician's and Surgeon's Certificate No. A 45020 to disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (b), of the Code, in that he committed gross negligence in his care and treatment of Patient A,<sup>1</sup> as more particularly alleged hereinafter:

9. On or about January 5, 2016, Patient A presented to Respondent with a history of chronic back and knee pain, gastroesophageal reflux disease (GERD)<sup>2</sup>, and anxiety. Patient A reported that he was taking Norco (hydrocodone-acetaminophen)<sup>3</sup> and Baclofen<sup>4</sup> for his back and knee pain, and requested a refill of these medications. Patient A also requested a refill of Alprazolam<sup>5</sup> and Omeprazole.<sup>6</sup> Respondent refilled above medications without conducting a

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<sup>1</sup> References to "Patient A" are used to protect patient privacy.

<sup>2</sup> Gastroesophageal reflux disease (GERD) is a digestive disease in which stomach acid or bile irritates the food pipe lining.

<sup>3</sup> Hydrocodone/APAP (Vicodin®, Lortab® and Norco®) is a hydrocodone combination of hydrocodone bitartrate and acetaminophen which was formerly a Schedule III controlled substance pursuant to Health and Safety Code section 11056, subdivision (e), and a dangerous drug pursuant to Business and Professions Code section 4022. On August 22, 2014, the DEA published a final rule rescheduling hydrocodone combination products (HCPs) to Schedule II of the Controlled Substances Act, which became effective October 6, 2014. Schedule II controlled substances are substances that have a currently accepted medical use in the United States, but also have a high potential for abuse, and the abuse of which may lead to severe psychological or physical dependence. When properly prescribed and indicated, it is used for the treatment of moderate to severe pain. In addition to the potential for psychological and physical dependence there is also the risk of acute liver failure which has resulted in a black box warning being issued by the Federal Drug Administration (FDA). The FDA black box warning provides that "Acetaminophen has been associated with cases of acute liver failure, at times resulting in liver transplant and death. Most of the cases of liver injury are associated with use of the acetaminophen at doses that exceed 4,000 milligrams (4 grams) per day, and often involve more than one acetaminophen containing product."

<sup>4</sup> Baclofen is used to treat muscle spasms caused by certain conditions such as multiple sclerosis, spinal cord injury or disease.

<sup>5</sup> Alprazolam is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subsection (d)(1), and a dangerous drug pursuant to Business and Professions Code section 4022. When properly prescribed and indicated, Alprazolam is generally used to treat anxiety and panic disorders.

<sup>6</sup> Omeprazole is used to treat certain stomach and esophagus problems such as acid reflux and ulcers.

1 CURES<sup>7</sup> check or any other drug screening. Respondent failed to obtain a written informed  
2 consent from Patient A, prior to initiating opioid treatment. Respondent failed to conduct  
3 adequate patient evaluation and risk stratification: Respondent failed to order any diagnostic tests  
4 to establish true pathology of Patient A's back and/or knee pain; Respondent did not document  
5 medical indication for opioid treatment. Respondent did not discuss with Patient A and/or failed  
6 to document having discussed with Patient A non-opioid treatment options. Respondent failed to  
7 discuss with Patient A and/or failed to document having discussed with Patient A risks and  
8 benefits of opioid treatment. Respondent did not conduct regular drug testing or take other  
9 measures to monitor misuse or abuse by Patient A.

10 10. On or about January 28, 2016, Patient A returned to Respondent. Patient A claimed  
11 that he lost his Norco medication a couple of days earlier and brought in additional medications  
12 he had been taking, including, Lamotrigine<sup>8</sup>, Divalproex<sup>9</sup>, Risperidone<sup>10</sup>, Sertraline<sup>11</sup>, and  
13 Felodipine<sup>12</sup>. Respondent refilled all of these medications.

14 11. On or about March 1, 2016, Patient A returned to Respondent. Patient A requested an  
15 increase in the dosage of Norco to 10-325 mg. Without documenting why Patient A wanted a  
16 higher dose, Respondent prescribed the increased dosage.

17 12. On or about June 23, 2016, Patient A returned to Respondent. In the medical records,  
18 Respondent documented, "worsening pain without Norco. Continue to monitor."

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19 <sup>7</sup> CURES is the Controlled Substances Utilization Review and Evaluation System  
20 (CURES), a database of schedule II, III, and IV controlled substance prescriptions dispensed in  
California, serving the public health, regulatory oversight agencies, and law-enforcement.

21 <sup>8</sup> Lamotrigine is used to treat seizures and bipolar disorder.

22 <sup>9</sup> Divalproex is used to treat seizure disorders and certain psychiatric conditions such as  
23 manic phase of bipolar disorder, and to prevent migraine headaches.

24 <sup>10</sup> Risperidone is used to treat schizophrenia, bipolar disorder, or irritability associated  
with autistic disorder.

25 <sup>11</sup> Sertraline is used to treat depression, panic attacks, obsessive compulsive disorder, post-  
26 traumatic stress disorder, social anxiety disorder (social phobia), and a severe form of  
premenstrual syndrome (premenstrual dysphoric disorder.)

27 <sup>12</sup> Felodipine is used to treat high blood pressure in order to reduce the risk of stroke and  
28 heart attack.

1       13. On or about October 25, 2016, Patient A returned to Respondent. Respondent  
2 documented a diagnosis of seizure disorder. Respondent noted that Patient A was receiving  
3 Divalproex prescription for seizures, but Respondent did not obtain details regarding the seizure  
4 Patient A experienced. Respondent did not order valproic acid level, which is used to ensure  
5 proper dosage of Divalproex.

6       14. On or about June 15, 2017, Patient A returned to Respondent. Respondent  
7 documented congestive heart failure (CHF)<sup>13</sup>. However, Patient A presented with a normal B-  
8 natriuretic peptide (BNP)<sup>14</sup> and did not display typical signs, symptoms, or any other positive  
9 diagnostic criteria for CHF. Respondent did not order electrocardiography (EKG)<sup>15</sup>, chest x-ray,  
10 or echocardiogram.<sup>16</sup>

11       15. On or about August 14, 2017, Patient A returned to Respondent. Respondent ordered  
12 a urine drug screen. Respondent interpreted "negative confirmed" as indicating the presence of a  
13 controlled substance.

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23       <sup>13</sup> Congestive heart failure (CHF) is a chronic condition in which the heart does not pump  
blood as well as it should.

24       <sup>14</sup> B-natriuretic peptide (BNP) is a hormone secreted by cardiomyocytes in the heart  
25 ventricles in response to stretching caused by increased ventricular blood volume.

26       <sup>15</sup> Electrocardiography (EKG) is the process of recording the electrical activity of the heart  
over a period of time using electrodes placed over the skin.

27       <sup>16</sup> An echocardiogram is a test that uses high frequency sound waves (ultrasound) to make  
28 pictures of your heart.

16. On or about April 20, 2018, Patient A returned to Respondent. Patient A presented with chief complaint of medication refill. Without any explanation, Respondent documented a diagnosis of stimulant abuse. Respondent refilled Patient A's Norco prescription, but decreased the dosage to 7.5-325 mg.

17. Respondent did not have a pain management agreement with Patient A. Respondent failed to have and/or failed to document having a treatment plan for Patient A. Respondent failed to discuss and/or failed to document having discussed with Patient A and/or Patient A's family risk of opioid overdose. Respondent failed to adequately review and monitor efficacy and adverse events from ongoing opioid treatment: Respondent's documentation of Patient A's visits contains sparse information about Patient A's pain levels, functionality, or overall progress. Respondent failed to adequately manage the medications he prescribed to Patient A, by among other things, ordering insufficient laboratory testing during the two-year treatment period (2016-2017), failing to adequately monitor Patient A's kidney and liver function, and failing to determine why Patient A was initiated on the opioids that Respondent refilled. Respondent demonstrated inadequate awareness of the need for pain management contracts, review of CURES reports, and regular laboratory testing.

18. Respondent prescribed the following medications to Patient A:

Date Filled	Drug	Drug Form	Strength	Quantity	RX Number	Prescriber
01/05/16	Hydrocodone	Tablet	7.5/325mg	120	970162	Respondent
01/05/16	Alprazolam	Tablet	2 mg	90	971642	Respondent
02/01/16	Hydrocodone	Tablet	7.5/325mg	120	977302	Respondent
03/01/16	Hydrocodone	Tablet	10/325 mg	120	985191	Respondent
03/30/16	Hydrocodone	Tablet	10/325 mg	120	992410	Respondent
04/28/16	Hydrocodone	Tablet	10/325 mg	120	999789	Respondent
04/28/16	Alprazolam	Tablet	2 mg	90	1034013	Respondent
05/26/16	Hydrocodone	Tablet	10/325 mg	120	1006864	Respondent

1	06/23/16	Hydrocodone	Tablet	10/325 mg	120	1013573	Respondent
2	07/25/16	Hydrocodone	Tablet	10/325 mg	120	1020194	Respondent
3	08/21/16	Alprazolam	Tablet	2 mg	90	1026706	Respondent
4	08/29/16	Hydrocodone	Tablet	10/325 mg	120	1028541	Respondent
5	09/26/16	Hydrocodone	Tablet	10/325 mg	120	1035621	Respondent
6	09/26/16	Alprazolam	Tablet	2 mg	90	1041359	Respondent
7	10/25/16	Hydrocodone	Tablet	10/325 mg	120	1042937	Respondent
8	10/25/16	Alprazolam	Tablet	2 mg	90	1048816	Respondent
9	11/22/16	Hydrocodone	Tablet	10/325 mg	120	1050433	Respondent
10	12/22/16	Hydrocodone	Tablet	10/325 mg	120	1057594	Respondent
11	01/20/17	Hydrocodone	Tablet	10/325 mg	120	1064869	Respondent
12	02/17/17	Hydrocodone	Tablet	10/325 mg	120	1072238	Respondent
13	02/17/17	Promethazine /codeine	Syrup		240	1072240	Respondent
14	03/17/17	Hydrocodone	Tablet	10/325 mg	120	1079927	Respondent
15	03/17/17	Alprazolam	Tablet	2 mg	90	1086011	Respondent
16	04/17/17	Hydrocodone	Tablet	10/325 mg	120	1087508	Respondent
17	04/17/17	Promethazine/ codeine	Syrup		240	1087510	Respondent
18	05/16/17	Hydrocodone	Tablet	10/325 mg	120	1095106	Respondent
19	05/16/17	Promethazine/ codeine	Syrup		240	1095107	Respondent
20	06/15/17	Hydrocodone	Tablet	10/325 mg	120	1102649	Respondent
21	07/14/17	Hydrocodone	Tablet	10/325 mg	120	1109664	Respondent
22	08/14/17	Hydrocodone	Tablet	10/325 mg	120	1117259	Respondent
23	09/02/17	Alprazolam	Tablet	2 mg	90	1121715	Respondent
24	09/13/17	Hydrocodone	Tablet	10/325 mg	120	1124699	Respondent
25	09/13/17	Promethazine/ codeine	Syrup		240	1124700	Respondent

09/13/17	Alprazolam	Tablet	2 mg	90	1129571	Respondent
10/12/17	Hydrocodone	Tablet	10/325 mg	120	1132656	Respondent
11/10/17	Hydrocodone	Tablet	10/325 mg	120	1140395	Respondent

19. Respondent committed gross negligence in his care and treatment of Patient A, which included, but was not limited to, the following:

(a) Respondent diagnosed Patient A with CHF, even though Patient A did not have typical signs, symptoms, or any other positive diagnostic criteria.

### **SECOND CAUSE FOR DISCIPLINE**

#### **(Repeated Negligent Acts)**

20. Respondent has further subjected his Physician's and Surgeon's Certificate No. A 45020 to disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (c), of the Code, in that he committed repeated negligent acts in his care and treatment of Patient A, as more particularly alleged herein:

(a) Paragraphs 8 through 19, above, are hereby incorporated by reference and realleged as if fully set forth herein;

(b) Respondent failed to conduct adequate patient evaluation and risk stratification for Patient A;

(c) Respondent failed to formulate and/or document formulation of a treatment plan;

(d) Respondent failed to obtain informed consent from Patient A before initiating opioid treatment;

(e) Respondent failed to utilize a pain management agreement with Patient A;

(f) Respondent failed to discuss and/or failed to document having discussed risk of overdose with Patient A and/or Patient A's family;

(g) Respondent failed to adequately review and monitor efficacy and adverse events from ongoing opioid treatment; and

(h) Respondent failed to adequately manage opioid medications he prescribed to Patient A.



1 **THIRD CAUSE FOR DISCIPLINE**

2 **(Incompetence)**

3 21. Respondent has further subjected his Physician's and Surgeon's Certificate No.  
4 A45020 to disciplinary action under sections 2227 and 2234, as defined by section 2234,  
5 subdivision (d), of the Code, in that he was incompetent in his care and treatment of Patient A, as  
6 more particularly alleged hereinafter:

7 22. Paragraphs 8 through 20 above, are incorporated by reference and realleged as if fully  
8 set forth herein.

9 23. Respondent was incompetent, in his care and treatment of patient A, including, but  
10 not limited to, the following:

11 (a) Respondent displayed a lack of knowledge by misinterpreting a urine drug test;

12 (b) Respondent failed to appreciate the need for pain management contracts,  
13 periodic review of CURES reports, and regular laboratory testing.

14 **FOURTH CAUSE FOR DISCIPLINE**

15 **(Failure to Maintain Adequate and Accurate Records)**

16 24. Respondent has further subjected his Physician's and Surgeon's Certificate No.  
17 A 45020 to disciplinary action under sections 2227 and 2234, as defined by section 2266, of the  
18 Code, in that Respondent failed to maintain adequate and accurate records regarding his care and  
19 treatment of Patient A, as more particularly alleged in paragraphs 8 through 19, above, which are  
20 hereby incorporated by reference and realleged as if fully set forth herein.

21 **FIFTH CAUSE FOR DISCIPLINE**

22 **(General Unprofessional Conduct)**

23 25. Respondent has further subjected his Physician's and Surgeon's Certificate No.  
24 A 45020 to disciplinary action under sections 2227 and 2234 of the Code, in that he has engaged  
25 in conduct which breaches the rules or ethical code of the medical profession, or conduct which is  
26 unbecoming to a member in good standing of the medical profession, and which demonstrates an  
27 unfitness to practice medicine, as more particularly alleged in paragraphs 8 through 24, above,  
28 which are hereby incorporated by reference as if fully set forth herein.

1 **PRAYER**

2 WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged,  
3 and that following the hearing, the Medical Board of California issue a decision:

- 4 1. Revoking or suspending Physician's and Surgeon's Certificate Number A 45020,  
5 issued to Winston Cheung-Pui Wong, M.D.;
- 6 2. Revoking, suspending or denying approval of Winston Cheung-Pui Wong, M.D.'s  
7 authority to supervise physician assistants and advanced practice nurses;
- 8 3. Ordering Winston Cheung-Pui Wong, M.D., if placed on probation, to pay the Board  
9 the costs of probation monitoring; and
- 10 4. Taking such other and further action as deemed necessary and proper.
- 11

12 DATED: November 26, 2018

  
KIMBERLY KIRCHMEYER  
Executive Director  
Medical Board of California  
Department of Consumer Affairs  
State of California  
Complainant